FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: Estimated average burden hours per response. 16.00

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					
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UNITON	W LIMITED OFFERING EXEM	THON
Name of Offering (check if this is an amendme	ent and name has changed, and indicate change.)	
Shares of Hispanic Financial Development Inc	c., a Delaware corporation	
Filing Under (Check box(es) that apply):	e 504 🔲 Rule 505 📝 Rule 506 🔲 Section 4(6)	ULOE VIEW
Type of Filing:		RECEIVED
	A. BASIC IDENTIFICATION DATA	$\frac{1}{2}$ $\frac{1}$
1. Enter the information requested about the issuer		<u> </u>
Name of Issuer (check if this is an amendment	and name has changed, and indicate change.)	
Hispanic Financial Development Inc.	·	199 /\$/
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
444 S. Flower Street, 9th Floor, Los Angeles,	California 90071-2901	(213) 239-9675
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business	· · · · · · · · · · · · · · · · · · ·	
Bank holding company		PROCESSED
		1 HOOLOGED
Type of Business Organization		- MAR 2 1 960T
		olease specify): MAR 2 1 2007
business trust limited	partnership, to be formed	E THOMCON
	Month Year	
Actual or Estimated Date of Incorporation or Organiz		mated FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter		
CN	for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	·	
Federal:		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC IDE	ENTIFICATION DATA		
2. Enter the information requested for th	e following:			· · · · · · · · · · · · · · · · · · ·
 Each promoter of the issuer, if the 	ne issuer has been organized w	ithin the past five years;		
 Each beneficial owner having the 	power to vote or dispose, or dir	ect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
 Each executive officer and direct 	tor of corporate issuers and of	corporate general and man	naging partners of p	partnership issuers; and
 Each general and managing parts 	ner of partnership issuers.			
Check Box(es) that Apply: Promot	er 📝 Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Padilla, Jose Antonio		_		
Business or Residence Address (Number 444 S. Flower Street, 9th Floor, Los A	•	•		
Check Box(es) that Apply: Promot	er 🔽 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Sanchez, Jose Emilio				
Business or Residence Address (Number				
444 S. Flower Street, 9th Floor, Los A	ngeles, California 90071-2	901		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Promot	er 🛮 🗹 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Lepiavka, Arseny				
Business or Residence Address (Number 444 S. Flower Street, 9th Floor, Los A	•			
Check Box(es) that Apply: Promote	er 🔽 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Leon, Ricardo Alfonso				
Business or Residence Address (Number 444 S. Flower Street, 9th Floor, Los A	•	·		
Check Box(es) that Apply: Promote	er 🗾 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Padilla, Juan Carlos				
Business or Residence Address (Number 444 S. Flower Street, 9th Floor, Los A	and Street, City, State, Zip Co Angeles, California 90071-2			
Check Box(es) that Apply: Promote	er 🔽 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Griffith, Don M.			· · · · · ·	
Business or Residence Address (Number 444 S. Flower Street, 9th Floor, Los A				
Check Box(es) that Apply: Promote	er 📝 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Garcia y Garica, Miguel				
Business or Residence Address (Number 444 S. Flower Street, 9th Floor, Los A				

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Akle, Jose Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer General and/or Check Box(es) that Apply: Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	_			В. П	NFORMAT	ION ABOU	T OFFERI	NG				·· · · · · · · ·
1. Has th	e issuer sol	d or does t	he issuer i	ntend to se	ll to non-a	ccredited i	nvestors in	this offer	ino?		Yes	No x î
1. 1145 (Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											
2. What	is the minin	num investn					=			••••	\$150	0,000,0
											Yes	No
		permit join		-								×
comm If a pe or stat a brok	ission or sin rson to be li: es, list the n er or dealer	tion reques hilar remune sted is an as: ame of the b , you may s	eration for s sociated pe oroker or do set forth the	solicitation erson or age ealer. If mo	of purchase ent of a brok ore than five	ers in conne ter or deale c (5) persoi	ection with r registered as to be list	sales of sec d with the S ed are asso	curities in t SEC and/or	he offering. with a state		
Full Name	(Last name	first, if ind	ividuai)									
Business o	r Residence	Address (N	Number and	d Street, Ci	ity, State, Z	Lip Code)						
Name of A	ssociated B	roker or De	aler			•						
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			·			
(Chec	k "All State	s" or check	individual	States)	*****	***************	**************	***************************************			□ AI	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
ΪĹ	IN	IA	[KS]	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	[ÑĴ] [TX]	NM UT	NY VT	[NC]	ND WA	OH WV	OK]	OR WY	PA PR
												
Full Name	(Last name	first, if ind	ividual)									
Business of	r Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit I	Purchasers						
(Chec	"All State	s" or check	indiviđual	States)					••••		☐ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full Name								-				
					· · · · · · · · · · · · · · · · · · ·							
Business of	r Residence	: Address (?	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of A	ssociated Bi	roker or De	aler									
States in W	hich Person	Listed Has	s Solicited	or Intends	to Solicit I	Purchasers						
(Check	(Check "All States" or check individual States)											
AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY)	NC VA	ND WA	OĤ WV	OK)	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	r.	c
	Equity		
	✓ Common Preferred	ν <u></u>	<u> </u>
	Convertible Securities (including warrants)	t	\$
	Partnership Interests		
	Other (Specify)		
	Total	. 1,200,000.00	£ 1.200.000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	D	3_//200/00000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 1,200,000.00
	Non-accredited Investors		\$ <u>0.00</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	-	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees	Z	\$_10,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$ 1,000.00
	Total		\$ 11,000.00

b. Enter the difference between the aggregate offering price given in response to Part C and total expenses furnished in response to Part C — Question 4.a. This difference is the proceeds to the issuer."	"adjusted gross	s N/A
5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed each of the purposes shown. If the amount for any purpose is not known, furnish a check the box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C — Question 4.b above.	n estimate and	
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	\$	_ 🗆 \$
Purchase of real estate		[s
Purchase, rental or leasing and installation of machinery and equipment	\$	🗆 \$
Construction or leasing of plant buildings and facilities		_ []\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	5	
issuer pursuant to a merger)		_
Working capital		
Other (specify): Conversion of membership interests in California limited liability		
into shares of Delaware corporation; no cash received by issuer.		
		_ 🗆 s
Column Totals	\$ 0.00	_ <u>\$ 0.00</u>
Total Payments Listed (column totals added)	s _	N/A
DSTEDERAL SIGNATURE).		
The issuer has duly caused this notice to be signed by the undersigned duly authorized perso ignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exceeding turnished by the issuer to any non-accredited investor pursuant to paragraph.	n. If this notice is filed under R hange Commission, upon writ	ule 505, the followin
ssuer (Print or Type) Signature	Date	17
tispanic Financial Development Inc.	Sines March	, ,2007
Jame of Signer (Print or Type) Title of Signer (Print or Type) Treasurer Treasurer		

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)